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Message from the President

Anne Heyen, DNP, RN, CNE

In May, I had the opportunity to visit the Medical Education and Training Campus (METC) at Fort Sam Houston in San Antonio, Texas. The METC provides a significant number of medical education programs for the Army, Navy, Air Force and Coast Guard. The purpose of the visit was to see how the Missouri State Board of Nursing (MSBN) could help facilitate academic credit for medical education, training and service and foster more seamless transition for service members with these credentials to civilian schools to continue their education.

The METC is very impressive and what we saw is evidence that our military receive extensive education and training. We need to bridge the gap from military to civilian academic progression and licensure.

This is similar to and building further on the work that has been established between the Air Force and the MSBN. In 2017, the MSBN approved the Air Force – Basic Medical Technician Corpsman Program (BMTCP) skill level 5 and above as a practical nursing program. Our approval allows those individuals to apply for a licensed practical nurse license.

The board's Executive Director, Director of Education and Education Compliance Officer learned very valuable information on this site visit. Currently, very few schools in and around Missouri collaborate with METC to develop direct pathways for military graduates. It confirmed our opinion that there is a need for the MSBN to develop a Military Advisory Board, which could be comprised of stakeholders who are interested in strengthening the nursing workforce by developing programs for military medics to transition into nursing and allied health programs. This would provide veterans with a way to use their training and education to support themselves once they leave the military and allows the public to benefit from their vast experience.

If you, as an individual, are interested in joining the Military Advisory Board we welcome you to contact the MSBN office. Additionally, we are looking for Missouri institutions of higher learning who are interested in collaborating with this board to work with METC in the development of transition programs. If you are interested in this opportunity, please provide your contact information to Mallory Ainsworth, Education Office Assistant, at mallory.ainsworth@pr.mo.gov. We appreciate your attention and interest and look forward to hearing from you very soon!

Executive Director Report

End of 2018 Legislative Session Report

Lori Scheidt, Executive Director

The 2018 legislative session of the Missouri General Assembly ended May 18, 2018. You can check the final disposition of bills and read the actual language at <http://moga.mo.gov/>.

Missouri Nursing Practice Act

The board of nursing thanks Senator Mike Cunningham (Republican – District 33) for sponsoring legislation requested by the board.

The first bill, Senate Bill (SB) 821's language was passed as part of SB843 and will become effective August 28, 2018. Current law requires that there be two licensed practical nurses on the board of nursing. One of the licensed practical nurse positions has been vacant for over four years now. Since 1953 there have been 22 gaps in LPN representation on the board, spanning from 10 days to over four years. The board has only had a full complement of two LPN board members five times in the past 60 years. This legislation amends the current law to replace one licensed practical nurse position with an advanced practice registered nurse position. This change will allow the board to have representatives of all licensees regulated by the board.

The second bill was SB 824; its language passed in House Bill (HB) 1719 and will be effective August 28, 2018. This bill covered two areas: grounds for which the board of nursing may discipline a license and allowing the board to offer an alternative to discipline program.

Practice has evolved over time but the grounds for which a nursing license may be disciplined has not been updated at the same pace. The board determined the changes that were needed by conducting an extensive review of other state nursing practice acts and reviewing decisions issued by the Administrative Hearing Commission. These changes would improve protection of the public and provide nurses with sufficient notice of what actions or inactions may be grounds to discipline a license.

The board has long been criticized for not offering any alternative to discipline programs. Legislative authority was granted in 2007 to allow the board to contract for an impaired nurse program. Rules were effective August 30, 2008. The board issued two requests for proposal (RFPs) and received no compliant bids. The board then engaged a firm, Citizens Advocacy Center, to consult on this issue. A conflict was identified: that this would be a confidential program carried out by a public entity charged with a public protection mission.

The board regrouped and, in the meantime, programs offered by boards of nursing changed. The early models were that boards contracted with another agency to operate a program and the board did not know who was in the program. These programs lacked sufficient oversight and often a nurse would violate the terms of the program and be able to continue to practice. There were a number of news stories in the *LA Times*, *Indiana Star* and *ProPublica* criticizing these programs and how the public was not being protected. New models of programs evolved where the board and employers would know who is in the

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Don't Put Your Nursing License at Risk

Lori Scheidt, Executive Director

Licensed Practical Nurse licenses expired May 31, 2018. Despite our best efforts, we always have a few thousand nurses renew the last week and several hundred who will renew after the license has expired.

Registered Nurse licenses will expire April 30, 2019. If you are a RN or LPN, please read this article to empower yourself to protect your license.

The most common reason we hear from nurses on why they renewed late is because the nurse did not receive their renewal reminder. The board does mail a license renewal reminder in the form of a postcard three months prior to the license expiration date. However, it is very common for the nurse to not notify the board of a change of address. You may not realize that “failing to inform the board of the nurse’s current residence” is legal cause to discipline a license pursuant to §335.066.2 (6)(1), RSMo. A nurse is required to notify the board within 30 days of an address and/or name change.

You can enroll yourself in e-Notify as a Nurse at www.nursys.com to track your renewal deadline. This only takes about two minutes to do but can save you from facing license discipline by the board or employment discipline by your employer. When you enroll, you provide your contact information and then the system will automatically send expiration reminders and will send email notifications when changes are made on Nursys by the board of nursing to the following:

- Active status
- Expiration date
- Compact status
- Publicly available disciplinary and alert actions
- License status

Missouri is a member of the enhanced nurse licensure compact. If your primary state of residence is Missouri and you meet the nurse licensure compact uniform licensure requirements, you may be issued a multistate license which allows you to practice in all other compact states.

Missouri was a member of the original nurse licensure compact. The enhanced nurse licensure compact was implemented on January 19, 2018. If you were issued a multistate state license under the first compact, your multistate license was grandfathered into the enhanced nurse licensure compact. This is important because if you ever allow that multistate license expire, then you have to apply for a license again and have to meet the 11 uniform licensure requirements before being issued a multistate license. If you don't meet all 11 uniform licensure requirements and your license expires, you can never have a multistate license again. You can view the 11 licensure requirements at www.ncsbn.org/enlc. I cannot emphasize enough how important it is to keep your name and address updated with the board and enroll yourself in e-Notify as a Nurse at www.nursys.com. Take these simple steps to protect the nursing license you have earned.



Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Number of Nurses Currently Licensed in the State of Missouri

As of July 2, 2018

Profession	Number
Licensed Practical Nurse	25,260
Registered Professional Nurse	110,439
Total	135,699

Executive Director Report

Executive Director Report continued from page 1

program but if the nurse completes the program, there would not be a permanent mark on the license.

This legislation will allow the board to offer two different programs: an intervention program and an alternative program.

The intervention program would be for a nurse who has a positive pre-employment drug screen, a for-cause drug screen, felony DWI or similar issues. It is non disciplinary/confidential to the public. The nurse would sign an agreement for one year of drug screens with no other monitoring. If the nurse did not comply with the agreement, the board would proceed with the case through the discipline process.

The other program is an alternative program and this could be offered to a nurse who has admitted to a substance use disorder. It is non disciplinary/confidential to the public and would be three to five years in duration. The program would not be available to a nurse who has a previous history of discipline in any state, has an open complaint in any state, who caused patient harm (such as diverting drugs by replacing drugs with another drug), who has long-term/chronic use of controlled drugs for pain or who previously participated in an alternative program. If the nurse violates the agreement, the nurse agrees to an indefinite suspension of their license. The nurse must have one year of negative drug screens and complete a sobriety notebook prior to requesting the license back.

Collaborative Practice Agreements and Buprenorphine

Senate Bill 718 makes changes to the statutes related to collaborative practice agreements. Current law authorizes physicians to enter into a collaborative practice agreement with three advanced practice registered nurses (APRN) and three assistant physicians, and a supervising agreement with three licensed physician assistants. This legislation authorizes physicians to enter into a collaborative practice agreement or a supervising agreement with six APRNs, assistant physicians, licensed physician assistants, or any combination thereof.

The limitation on collaborative practice agreements and supervision agreements shall not apply to the supervision of certified registered nurse anesthetists in the provision of anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.

This legislation also allows advanced practice registered nurses and physician assistants to prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances.

These changes to the law will be effective August 28, 2018.

Telemedicine

Senate Bill 951 and House Bill 1617 expand and clarify Medicaid coverage of services delivered via telemedicine. Most notably, they repeal existing provisions of law relating to MO HealthNet telehealth, including provisions relating to MO HealthNet reimbursement for asynchronous store-and-forward technology, MO HealthNet telehealth rules promulgation, originating sites, and the Telehealth Services Advisory Committee.

This act requires the Department of Social Services to reimburse health care providers for telehealth services if such providers can ensure that the services are rendered with the same standard of care that would be provided in person. The Department cannot restrict the originating site through rule or payment as long as the provider can ensure the services meet the requisite standard of care. No payment for telehealth services shall depend on a minimum distance requirement between the originating and distant sites. Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate for services provided in person. Prior to the provision of telehealth services provided in a school, the parent or guardian of a child shall provide the necessary authorization.

Additionally, this act specifies that a health carrier shall not be prohibited from reimbursing non-clinical staff for services provided through telehealth if otherwise allowable by law.

Opioid Abuse Treatment

Senate Bill 836 limits certain initial prescriptions of opioid controlled substances to no more than a seven-day supply for the treatment of acute pain. Prior to prescribing the opioid, a practitioner shall consult with the patient regarding the quantity of the

opioid and the patient's option to fill the prescription in a lesser quantity, and inform the patient of the risks associated with the prescribed opioid. If, in the practitioner's medical judgment, more than a seven-day supply is required to treat the patient, the practitioner may issue a prescription for the quantity needed after noting in the patient's medical record the condition triggering the necessity for a greater quantity and that a nonopioid was not appropriate. The provisions of this act shall not apply to prescriptions for a patient who is currently undergoing treatment for cancer, is receiving hospice care or palliative care, is a resident of a long-term care facility, or is receiving treatment for substance abuse or opioid dependence.

No pharmacy or pharmacist shall be liable or subject to disciplinary action for dispensing or refusing to dispense medication in good faith pursuant to an otherwise valid prescription that exceeds these prescribing limits.

House Bill 2280 authorizes as much as 12 additional months of Medicaid coverage of substance abuse and mental health treatment for post-partum women who receive substance abuse treatment within 60 days of giving birth and who adhere to the treatment program. The added coverage is contingent on federal approval.

Senate Bills 951 and 718 contains several provisions:

- revises standards for the prescribing of buprenorphine in medication-assisted treatment of opioid addiction under collaborative practice arrangements;
- subject to appropriations, creates an opioid abuse treatment and prevention program involving advanced practice registered nurses, physician assistants and assistant physicians in collaboration with physicians;
- blocks the inclusion of pain scores in quality of care and patient satisfaction data the Department of Insurance is authorized to collect; and,
- requires health insurers to offer their enrollees coverage of medication-assisted treatment of substance abuse disorders for an additional premium.

Employee Criminal background Checks

House Bill 130 modifies several provisions related to criminal history records.

It establishes a “Rap Back” criminal background check option permitting notification of subsequent arrests in Missouri or other states.

It also revises employee criminal background check requirements for in-home and personal care providers.

SCHEDULE OF BOARD MEETING DATES
THROUGH 2018

August 8-10, 2018
November 7-9, 2018
February 27 - March 1, 2019
May 22-24, 2019
August 7-9, 2019
November 6-8, 2019

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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Missouri State Board of Nursing Kicked Off Nurses Week with Missouri Nursing Workforce Report

First-ever report will provide important data for health-care decision makers

Jefferson City, MO – National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. To mark this year's National Nursing Week, the Missouri State Board of Nursing and the and the University of Missouri Office of Social and Economic Data Analysis (OSED), School of Medicine Office of Rural Health and the Center for Health Policy (CHP) released their first-ever Missouri Nursing Workforce Report.

Nurses are among the most respected professionals, not only for the care they provide, but, also for their compassion and humanity. They also constitute the largest single healthcare profession in the State of Missouri. This report provides policy makers with reliable data on Missouri's nursing healthcare workforce. Nurses, nurse employers, educational institutions, policy makers and the public can now utilize this free resource. It will be especially useful for making decisions about resource allocations.

"I would like to thank our state legislators for approving legislation in 2016 that allows our board to collect and analyze workforce data," said Lori Scheidt, MBA-HCM, executive director. "The board of nursing and the University of Missouri Office of Social and Economic Data Analysis worked diligently to develop this report, which should make it easier for nurses, educators, employers and policy makers to better understand the demographics and work location of nurses. We are already planning for our next report, which should include more refined data on race and ethnicity, as well as further geographical analysis on Missouri's nursing workforce."

The report can be found on the Board's website at <https://pr.mo.gov/boards/nursing/workforce-report.pdf>.



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Foreign Service Health Practitioner: A Unique Way to See the World

Beth DeKoninck, DNP, NP-C
Indiana State Board of Nursing, Vice President
Associate Professor, University of Saint Francis

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Nurses are in a unique profession which always allows one to embrace a new challenge in the health professions arena. While most nurses often reinvent themselves by changing to a new area of a healthcare facility or moving between the outpatient and inpatient settings, there are amazing opportunities available for those who desire to travel outside of the United States (U.S.). If you are a Family Nurse Practitioner and have a desire to really challenge yourself, as well as travel the world, this might be the opportunity you are looking for.

The U.S. Department of State employs nurse practitioners, generally those certified in family practice, to serve in the Foreign Service and care for Americans and their families stationed abroad. These nurse practitioners, known as Foreign Service Health Practitioners (FSHP), are responsible for the health care of the U.S. Embassy community in countries across the world. The Embassy Health Units often have a solo FSHP in charge of the Health Unit, although some Health Units may also have a Physician.

The FSHP is in charge of the healthcare of all Americans and their families assigned to the Embassy and largely provides primary care. That is until emergencies happen and then you find yourself being the EMT on the Embassy ambulance, the director of your patient's care in the local hospital and the protector of your patient as you sit on the airport tarmac awaiting the medevac plane, sometimes waiting hours. The responsibilities of an FSHP include training the Embassy community for potential emergencies, managing the Health Unit and its staff, testing water quality, assessing sanitation and food quality standards in the Embassy cafeterias/canteens, developing disaster plans, and assessing the psychological health of the Embassy community. This is really just the beginning of the job because the FSHP must evaluate the local medical facilities to understand the services available for the

diplomatic community and forge relationships with the physicians and medical directors of those facilities for emergency preparedness as well as every day healthcare for the American community. In actuality, the job of the FSHP is to provide not just medical care to the Embassy community, but to provide a sense of safety and security that only the medical officer can provide.

I was an FSHP from 2007-2009 and served in Abuja, Nigeria along with my Nigerian nurses and laboratory technologist. I could not have imagined the vast responsibilities my job would entail, but it was my greatest privilege to care for my fellow Americans and their families. Probably one of the more surprising parts of my job included developing the detailed disaster plan for the Embassy. I remember visiting morgues in the city so that I could complete my disaster management report down to the detail of knowing the number of available storage units in the morgue, which did not amount to more than about twenty at that time.

Of course, being an FSHP means being a Diplomat and when events occur that concern the health of the country where you are posted, the FSHP represents the U.S. My favorite event was when President Carter traveled to Nigeria, with those from the Carter Center, to celebrate the eradication of River Blindness from West Africa. The country may also hold national events focused on healthcare and, as an American Diplomat, you will likely find yourself speaking publicly as a leader in the health arena.

I have really just touched on a few of the responsibilities of the FSHP working abroad. Generally, the entry level requirement into the Foreign Service as an FSHP is certified family nurse practitioner with five years of practice experience and the ability to gain a top secret security clearance. I can assure you that the interview process is rigorous, including both a timed writing sample as well as a panel interview. Thus, the excitement and challenge begins with the invitation to Washington D.C. for the interview process. I can also assure you that working as an FSHP is the hi-lite of a nurse practitioner's career! If you are intrigued, I encourage you to investigate further. If you would like to further understand life as an FSHP serving abroad, feel free to contact me.



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Moments with Marcus

The Compassion of Kate

By Marcus Engel

At the writing of this article, my wife's stepmother is in the CICU on complete life support. By the time you read this, her suffering will probably be over.

The loss of a family member is never easy, but neither is the knowledge that said family member is suffering. At this point, we can only trust the guidance given by her cardiac team.

Shortly after we got the call that she'd experienced a cardiac event and was hospitalized, The Hotness and I went to her room, only to find her completely sedated. We arrived at shift change from days to nights and met Kate, her nurse from day shift.

Kate shared the necessary information and conveyed it with kindness, empathy and hope. But, that wasn't why I'll never forget Kate...

You see, my father in law, John, arrived at the hospital with his wife and was, to be honest, a complete mess. Fear and grief and stress were all mixed with a limited understanding of the severity of his wife's condition. John hadn't eaten nor slept in over 30 hours. He refused food, could not rest and sat vigil by her bedside. Kate overheard some of John's phone conversations with family and friends and immediately knew part of her job was to help take care of him.

John wasn't able to recall what the doctors had said and wasn't sure of his wife's prognosis or what to explain to family members or friends – or even who to call. It would seem John was in some state of shock. Kate witnessed this and began calling family members on John's behalf.

With his wife in critical but stable condition, Kate encouraged John to go home, get some food, get some sleep and to call her when he awoke. As John and his wife had arrived at the hospital by ambulance, Kate helped John arrange a cab and even a wheelchair to the car.

Hours later, John called Kate from home. He was still confused, overwhelmed and wasn't even sure which hospital his wife was in. Kate gave John directions and the address, but when it was apparent John was too disoriented to comprehend her instructions, Kate took a different approach.

"John," she said, "It's probably best that you don't drive right now. What is your address? I'm going to arrange for a cab to pick you up in 30 minutes."

As Kate retold this story, I wanted to throw my arms around her. Kate wasn't just taking care of her patient, but her patient's family. She was keeping John's wife alive, but she was also keeping John alive... and preventing his disoriented driving from hurting anyone else.

Friends, this is the compassion that nurses show every day - taking care of the entire family unit. Even through difficult family dynamics, crushing reality of the fragility of life, a complicated medical case and loads of uncertainty, Kate's compassion showed through. We are all so, so appreciative of her loving kindness... and I can't wait to let her nurse manager know what a precious gift they have in Kate.

Every day, you have the opportunity to go above and beyond your duties as a nurse... I hope you take full advantage of the power you have to help those witnessing a loved one in such an uncertain situation. If you see yourself in Kate, thank you for everything you do. It really does mean the world to patients – and their loved ones.



Marcus Engel

A Call to Moral Courage

Beth DeKoninck, DNP, NP-C
Indiana State Board of Nursing, Vice President
Associate Professor, University of Saint Francis.

Reprinted with permission from Dr. DeKoninck and the Indiana State Board of Nursing

What would you do if a colleague asked you to sign off on waste of a controlled product that you did not witness? If you gave a patient the wrong dose of medication, would you report the error immediately? If a patient asked you to write a prescription, in their name, so they could give it to a family member who does not have insurance, would you write the prescription? If you determined your colleague was inappropriately billing insurance, would you look the other way or report them? If you knew your colleague was working impaired due to substance abuse, would you report them? All of these scenarios are common situations that nurses may find themselves in during their career and there are many more scenarios that may be used as examples for this discussion. However, the next question is: did you struggle with any of the answers to these scenarios or is your moral compass firmly intact? Do you possess moral courage?

According to the most recent Gallup poll, in 2017, the nursing profession was, yet again, the most trusted profession in the United States. This has been true for the past 15 years, except in 2003 when firefighters took the honor after their service in the September 11th World Trade Center bombings. This great Trust Americans have in nurses should remind all of us how important it is that we function with the highest degree of ethics, both in our personal life as well as our professional life, because we are nurses 24/7/365. Yes, for better or worse, even when you are off the clock, your neighbors and friends know you are a nurse and they are watching the character and decision-making you exhibit daily.

As we think of this idea of "the most trusted profession," we need to consider what that really means. Trust is defined by Merriam-Webster dictionary as "assured reliance on the character, ability, strength or truth of someone or something" and that "someone" is each one of us who has entered a profession, which requires the highest degree of moral character as the lives of patients, who may be at their most vulnerable point in life, rest in our hands. Whether you are a nurse in the critical care unit, emergency room, extended care facility, or in the patient's home, your ethics and

character must be above reproach. When you are tired and tempted to take that shortcut with a patient's personal care or with documentation, remind yourself of the trust that your patient has placed in you as a leader in the healthcare arena. If you are responsible for counting controlled medications with another nurse and find yourself tempted to take a shortcut, to sign off even if you did not actually witness the waste, remind yourself of the trust that has been placed in you by your patient, your workplace and even your community.

It is a slippery slope when we begin to let our ethical standards waiver because we are tired, busy, in a hurry or the myriad of other reasons that can tempt us to circumvent the workplace policy or the nursing standard that we know we are to follow. Once that first slip occurs, the next slip does not seem quite so bad and before we know it, we are providing substandard care and it seems normal or at least it seems too late to go back. This is where moral courage comes into place.

Moral courage is the steadfast determination to do what is right, no matter the consequences. Moral courage takes great strength because it may mean going against the norm in the work setting or even causing unrest to the point of retaliation from co-workers and supervisors. For example, if your co-worker wants you to sign off on a waste you did not witness and that has become the norm in the workplace for the sake of saving time, one can feel great pressure to comply with the group – to just go along in order to get along. It takes great moral courage to refuse when you know your co-worker will be upset and you have the rest of the shift to work together. However, it is that moral courage that we, as nurses, are called to maintain. We must be men and women of integrity, character and excellence because we hold the trust of those whose care and, perhaps whose life, is in our hands.

You might be saying to yourself "That ship has sailed. I have already slipped down that slope and I can't go back." I would say to you that it is never too late to reset your course. It may mean facing some consequences, but resetting your moral compass can provide a brand new perspective from which you view your nursing practice as well as your life. So, are you ready for the challenge to be courageous? Are you ready to be the leader in your workplace and the nurse for your patients that you dreamed of being when you began your career? Are you prepared to stand strong when that next ethical dilemma presents itself to you? My fellow colleagues, every day is a new opportunity to be your best, to do your best and to be a person of moral courage!



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Practice Report

By Debra Funk, BSN, RN – Director of Practice

As Director of Practice for the Missouri State Board of Nursing, I have the opportunity to educate people across the state about the Missouri Nurse Practice Act and other laws and regulations that impact the practice of nursing in Missouri. The audiences are very diverse. Many of the schools of nursing request a presentation on the Missouri Nurse Practice Act a few months prior to graduation in order to better prepare the graduates for practice and protecting their license. Nursing organizations/associations, employers, and credentialing staff often request information about the Missouri Nurse Practice Act in order to better understand these laws and that a nurse has not only a career but a license to protect. On occasion a nurse may have to make a decision about whether or not he/she should follow a directive from a provider/employer/supervisor or even remain in a certain work environment based upon concern that they may be putting their license in jeopardy. Recently, I have been working with a group of Advanced Practice Registered Nurses who are part of a research project through the University Of Missouri Sinclair School Of Nursing. These APRNs are embedded in long term care facilities in the St Louis area and are working to improve the quality of life and quality of care of the residents. By using data collected from previous complaints received by the Board, I can provide insight into the types of documentation errors that may lead to discipline on a nurse's license and a poor outcome for residents in this environment.

I have also had the privilege to work with several other Missouri state agencies, Department of Mental Health and several divisions within the Department of Health and Senior Services, to name a few, and collaborate on regulations and issues impacting nursing and the residents of our state. This collaboration has been very beneficial for the Board and the agencies and has provided positive outcomes for many different stakeholders across the state.

Missouri Division of Professional Registration saves professional licensees over \$11 million dollars since 2009

Some professional licensing fees are the lowest in the nation

Jefferson City, MO – The Missouri Division of Professional Registration announced today that Missouri professional licensees have received more than \$11.7 million in fee savings since 2009.

Today in Missouri, licensing and discipline are handled by 41 boards housed within the Division of Professional Registration, overseeing 254 diverse professions for more than 474,000 individuals and companies in the State — about 16 percent of the state's workforce. The Division reduced or held constant almost all of its professional renewal fees this year by continuing efficiency processes, consolidating duplicative activities, and reducing operating expenses.

A comparison of fees charged by State Boards of Nursing validates that Missouri charges the lowest fees in the United States in several categories including *license by endorsement*, a \$50 two-year renewal fee for Registered Nurses, and a \$40 initial *licensure by exam* two-year license.

Fees charged to be a licensed social worker are consistently the lowest in the nation at \$58 renewal for baccalaureate and master's degree licensees. The same is true for dietitians who, in Missouri, are charged \$20 on a biennial basis, while the same fee is as high as \$250 in Maryland.

Fees to renew a dental specialist's license dropped in Missouri from \$270 in 2008 to \$100 in 2018. In 2008, a dental hygienist renewing their license paid a fee of \$130 for the two year renewal. Today that same fee is \$60. Renewal fees for accountants were also reduced by 50%, from \$80 to \$40. Licensed optometrists saw a decrease of \$150 to \$125.

The State Board of Registration for the Healing Arts decreased several licensure and renewal fees for physicians, anesthesiologist assistants, athletic trainers, clinical perfusionists, physician assistants, physical therapists and physical therapy assistants, and speech language pathologists and audiologists. License and renewal fee reductions for physicians were decreased

by \$1,250,880 in 2017. This included, among others fees, reducing initial licensure fees from \$300 to \$75 and renewal fees from \$135 to \$100. Allied health professionals licensed by the Board also saw costs savings of \$220,448 as a result of the fee decreases adopted in 2017.

The Division is required by law to set licensing fees to cover the costs of regulation. Most fees, including those above, cover a two-year license period. Fifty-one percent of the Division's renewal fees are \$50 or less.

"The Division is leveraging our shared service model and are more fully integrating new technology which affects the bottom line," explained Katie Steele Danner, Director of DIFP's Division of Professional Registration. "Reducing licensing fees puts money back in the pockets of the nearly one-in-six Missouri workers who are required to be licensed by the Division," said Steele Danner. "In addition, our Division synchronizes licensing requirements across states, when possible, and will soon be a member of three interstate compacts to make it easier for professionals to offer services in other states without obtaining additional licenses. We are remodeling public protection for the 21st century."

"Licensing fees affect business costs and can be a barrier to market entry — whether someone is looking for a job or starting a business," said DIFP Director Chlorea Lindley Myers. "I applaud the work of the Division of Professional Registration in reducing costs to businesses and consumers."

About the Missouri Department of Insurance, Financial Institutions & Professional Registration

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) is responsible for consumer protection through the regulation of financial industries and professionals. The department's seven divisions work to enforce state regulations both efficiently and effectively while encouraging a competitive environment for industries and professions to ensure consumers have access to quality products.

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Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Grubb, Norma L
Memphis, MO
Licensed Practical Nurse 031172
Licensee practiced nursing in Missouri without a license from June 1, 2016 to February 1, 2018.
Censure 05/03/2018

Martin, Jennifer A
Cedar Hill, MO
Licensed Practical Nurse 055977
Licensee practiced nursing in Missouri without a license from on or about June 1, 2016, until on or about July 13, 2017.
Censure 05/25/2018

Brown, Fatosha Takila
Kansas City, MO
Registered Nurse 2008020072
Respondent tested positive for phencyclidine, commonly known as PCP, a controlled substance. Respondent did not knowingly consume PCP, but placed herself in a position where PCP was consumed by her.
Censure 05/07/2018

The Board of Nursing is requesting contact from the following individuals:

- Jodi Michelle Bell – PN 2015036780
- Kristal Marie Benjamin – PN 2004019189
- Brian Neal Davy – RN 2011026749
- Deana Dudley – RN 2006022259
- Jeri Lyn Eubanks – RN 2011024991
- Christine Michelle Johnson – PN 2005009292
- Tiffany Nichole Meyers – PN 2005041268
- Melanie Elaine Moore – PN 2004009598

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

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Browning, Ann Carolyn
Lees Summit, MO
Licensed Practical Nurse 2001008899
In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; and, Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by December 13, 2017. At the disciplinary hearing, Respondent submitted certificates of completion for three of the four courses designated in the Order; Respondent had not completed the Professional Accountability and Legal Liability course at the time of the disciplinary hearing.
Censure 04/17/2018

Bradley, Charmaine Nichol
Florissant, MO
Licensed Practical Nurse 2010008140
From December 21, 2015, until the filing of the Complaint, Respondent failed to check in with NTS during the time window on nine (9) days. Further, on July 19, 2016, and December 20, 2016, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested samples. On September 27, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.
Censure 05/03/2018

Fulton, Nikcola Levonia
Lees Summit, MO
Registered Nurse 2003016292
Licensee worked in the ICU. In March and early April of 2015, there were reports of fentanyl vials found in the Pyxis machines that appeared to have been tampered with. On or about April 8, 2015, a routine pharmacy report revealed that Licensee had a much higher rate than her co-workers of cancelled removal of fentanyl and morphine from the Pyxis. When the Pyxis system is accessed by a staff member, that access is recorded. The Pyxis record revealed that Licensee was accessing the Pyxis machine for fentanyl and morphine, but then canceling the transaction. Licensee was interviewed by hospital administrators in regard to the report findings. Licensee denied diverting narcotics from the facility, but refused to provide a sample for a for-cause drug screen.
Censure 04/19/2018

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Guess Williams, Gwendolyn
Greenwood, MO
Registered Nurse 127995
On August 1, 2017, Respondent and the Oklahoma Board of Nursing entered into an Agreed Order to Accept Voluntary Surrender of Respondent's Nursing License (Order).
Censure 04/17/2018

Leeders, David William
Hannibal, MO
Licensed Practical Nurse 2012034434
Licensee applied for employment with a travel nurse company in Omaha, Nebraska on May 5, 2017. Licensee was asked to submit to a pre-employment drug screen on June 6, 2017, which appeared to return positive for Methadone on June 13, 2017. Licensee claims, around the time he submitted to the pre-employment drug screen, he took a medication from a friend for a migraine that he was not aware contained the controlled substance. Licensee states he did not knowingly or intentionally ingest any controlled substance for which he did not have a lawful prescription.
Censure 05/25/2018

PROBATION

Palmer, Lisa M
Poplar Bluff, MO
Licensed Practical Nurse 056351
On May 12, 2017, it was reported to the company by a patient's mother that Licensee had been witnessed sleeping while caring for a patient. On May 15, 2017, Licensee was again witnessed sleeping while on duty. Licensee admitted to the Board's investigator that she "dozed off" a few times while on duty.
Probation 05/17/2018 to 05/17/2019

Probation continued on page 8



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Disciplinary Actions**

Probation continued from page 7

Weissman, Lauren Adelman
Saint Louis, MO
Registered Nurse 2009019731
On October 22, 2016, Licensee was asked to submit a sample for a for-cause drug screen. The sample which Licensee submitted returned positive for Oxycodone on November 1, 2016.
Probation 03/27/2018 to 03/27/2023

Hankins, Alicia Lynne
Kansas City, MO
Licensed Practical Nurse 2014012683
On December 18, 2016, Licensee was in a resident's room when the resident lost his balance and fell. Licensee assessed the resident after the fall and continued to monitor his vital signs. Licensee failed to chart the patient's fall and assessment in the patient's file. Licensee failed to complete an incident report and notify the patient's physician. Licensee reported the resident's fall to the oncoming nurse at shift change, but did not notify anyone else of the fall. The patient started to complain of leg pain during the morning of December 19, 2016 and was later transported to the hospital with a right leg fracture. The nursing home suspended Licensee pending an investigation into the fall; however, Licensee submitted her resignation, effective immediately, on December 21, 2016. After Licensee's resignation it was discovered that Licensee made several entries in the patient's medical record using the name Alicia Sulemana or the initials AS. Licensee is only licensed by the Board as a licensed practical nurse under the name Alicia Hankins.
Probation 03/28/2018 to 03/28/2019

Cagle, Holly
Springfield, MO
Registered Nurse 148475
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of October 11, 2017, and January 11, 2018. Also pursuant to the terms of the Order, if Respondent ends employment with an employer, Respondent is required to submit a final evaluation from the employer within six (6) weeks of the last day of employment. The Board did not receive a final evaluation from Respondent's former employer within six (6) weeks of her last day of employment

on September 22, 2017. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours by October 11, 2017. At her disciplinary hearing, Respondent provided to the Board certificates indicating she had successfully completed all of the continuing education courses outlined in the Order.
Probation 04/17/2018 to 04/17/2021

Snethen, Jamie Danell
Saint Joseph, MO
Licensed Practical Nurse 2004033993
On August 22, 2007, Licensee pled guilty to the class A misdemeanor of operating a motor vehicle in a careless and imprudent manner, involving an accident, in violation of §304.012 RSMo, in the Circuit Court of Buchanan County, Missouri. On July 30, 2014, Licensee pled guilty to the class C felony of Possession of a Controlled Substance Except 35 Grams or Less of Marijuana. On or about December 14, 2015, Licensee pled guilty to the offense of Conspiracy to Distribute 500 grams or more of a Mixture or Substance Containing Methamphetamine.
Probation 05/02/2018 to 05/02/2023

Grogan, Jona Suzanne
Pittsfield, IL
Licensed Practical Nurse 2009029661
On August 21, 2015, Respondent pled guilty to the class A misdemeanor of Retail Theft. On March 30, 2017, Respondent and the State of Illinois Department of Financial and Professional Regulation entered in to a Consent Order which became effective on May 31, 2017. The Order stipulated that Respondent's Illinois nursing license was to be placed on indefinite probation, under specified terms and conditions, due to Respondent pleading guilty to the offense of Retail Theft. Respondent stole a candle and other items from a retail store because she was "high" and using methamphetamines.
Probation 05/03/2018 to 05/20/2018

Abbett, Angel Kristeen
Centertown, MO
Registered Nurse 2015023843
An audit was run of a patient at the hospital to determine who had accessed the patient's records. The audit showed that the Licensee had accessed a patient's record. The patient was not under the Licensee's care and Licensee had no lawful reason to access the patient's chart. Licensee admitted that she had accessed the patient's record in error. Licensee stated she had been meaning to check the record of a different patient, which also would have been a violation of HIPAA as that individual was also not a patient assigned to her care.
Probation 05/25/2018 to 05/25/2019

Carrico, Barbara J
Belleville, IL
Registered Nurse 151904
Respondent failed to check in with NTS on two (2) days, August 19, 2017 and September 9, 2017. Further, on September 28, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. However, Respondent failed to report to a collection site to provide the requested sample. Pursuant to the terms of the Order, Respondent was also required to submit a chemical dependency evaluation to the Board within eight weeks of the

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Disciplinary Actions**

effective date of the Order. On August 28, 2017, Director Wolken received from Respondent what purported to be a chemical dependency evaluation. However, the August 28 submission was two paragraphs in length and did not comply with the requirements as specified in the Order. As of the filing of the Complaint, the Board had not received a thorough chemical dependency evaluation that meets the Board's requirements submitted on Respondent's behalf.

Probation 04/17/2018 to 04/17/2023

Schuh, Sara Luanne
Springfield, MO

Registered Nurse 2005006245

On December 12, 2016, Licensee self-reported an opioid dependency to the Board, indicating she was obtaining in-patient treatment. During her interview with the Board's investigator in February 2017, Licensee reported that prior to her treatment for chemical dependency, there were times she may have used 30 to 100 mg of hydrocodone per day.

Probation 05/01/2018 to 05/01/2022

McConnell, Tori Lynn

Sikeston, MO

Registered Nurse 2008021932

From May 23, 2017 until the filing of the Complaint, Respondent failed to check in with NTS on sixty-four (64) days. Respondent ceased checking in with NTS on December 30, 2017. Further, on December 1, 2017; January 3, 2018; and January 29, 2018, Respondent failed to check in with NTS; however, all three dates were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on December 1, 2017; January 3, 2018; and January 29, 2018. In addition, on three (3) separate occasions, October 3, 2017; October 27, 2017; and December 21, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of October 17, 2017 and January 17, 2018. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of January 17, 2018.

Probation 05/21/2018 to 05/21/2023

O'Loughlin, Amber Marie

O Fallon, MO

Registered Nurse 2013026855

On or about May 11, 2000, Licensee pled guilty to the class B misdemeanor of Driving While Intoxicated. On or about October 30, 2000, Licensee pled guilty to the offense of Driving While Intoxicated. On or about August 15, 2016, Licensee pled guilty to the class 4 felony offense of Driving Under the Influence-w/ 3+priors, in the District Court of Teller County, Colorado, in case number 2016CR000046. Licensee was sentenced to four years of supervised probation, 86 hours of therapy, 96 hours of community service, victim impact panel, and a mental health evaluation. Licensee states that she began treatment in Colorado; however, her probation and treatment was transferred to Missouri after she relocated to Missouri in August 2017. Licensee received a substance abuse evaluation on November 3, 2017, and was diagnosed with alcohol use disorder with a guarded prognosis. The evaluator recommended that Licensee complete 86 hours of alcohol dependency treatment or longer if recommended; attend at least 3 AA meetings per week for the next three years; and, submit to random drug and alcohol testing. Licensee states that she is

continuing treatment, attends AA three times per week, and has had the same sponsor for two years. Licensee states her dates of sobriety are August 2, 2015, from marijuana and September 9, 2015, from alcohol.
Probation 03/12/2018 to 03/12/2021

Griggs, Matthew Ryan

Kansas City, MO

Registered Nurse 2015024684

On December 6, 2017, Respondent received a chemical dependency evaluation and was asked to provide a sample for drug and alcohol testing. The sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to the evaluator that he had consumed one (1) mixed drink during the weekend of December 2, 2017.

Probation 04/17/2018 to 04/17/2023

Tucker, Julie F

Springfield, MO

Registered Nurse 092455

On November 17, 2016, Respondent pled guilty to the class D felony of DWI - Alcohol - Persistent Offender.

Probation 04/16/2018 to 04/16/2023

Burstein, Dawn Jeanette

Ballwin, MO

Registered Nurse 2008005251

On February 28, 2017, a physician of a nursing home patient contacted the Director of Nursing at the nursing home with a concern regarding the physician's order. The

Probation continued on page 10

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Disciplinary Actions**

Probation continued from page 9

patient's physician put in an order to change the patient's as needed (prn) Norco to one time a day, only in the morning. Licensee used a black ink pen and changed the physician's order back to prn. Licensee did not have a physician's order to change the patient's prescription. Additionally, coworkers witnessed unusual medication administration habits of the Licensee. Licensee crushed narcotics prior to administration for patients that had not requested, nor had a medical reason, to have their medications crushed. Licensee was terminated due to changing a physician's order.
Probation 05/25/2018 to 05/25/2021

Corbin, Regina Kay
Kennett, MO

Licensed Practical Nurse 2006034649
The Board did not receive from Respondent an employer evaluation or statement of unemployment by the quarterly due date of January 27, 2017. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by October 27, 2017. As of the filing of the Complaint on January 31, 2018, the Board had not received proof of any completed hours.
Probation 04/16/2018 to 04/16/2020

McGrath, Lisa Anne
Reeds Spring, MO

Registered Nurse 2011022912
On or about March 23, 2017, Licensee's co-workers reported Licensee exhibiting suspicious behavior, including going into the rooms of patients not assigned to her and messing with the patients' pain pumps. It was also reported that Licensee hung new Fentanyl bags for patients without being asked or assigned to. When hospital administrators asked Licensee to submit to a for-cause drug screen, Licensee admitted to diverting Fentanyl for her own use.
Probation 04/05/2018 to 04/05/2023

Harley, Susan A
Warrensburg, MO

Registered Nurse 150571
On January 19, 2017, Respondent pled guilty to the class A misdemeanor of Theft/Stealing (Value of Property or Services is Less than \$500).
Probation 05/03/2018 to 05/03/2020

Richmond, Hope Elena
Sikeston, MO

Licensed Practical Nurse 2018013119
Applicant was previously licensed by the Board as a licensed practical nurse, license number PN 2003020405, from August 12, 2003, until her license was revoked on September 29, 2011. The Board filed a complaint with the Administrative Hearing Commission seeking authority to discipline the nursing license of Hope Richmond. The Administrative Hearing Commission entered its Decision on May 5, 2011, finding that the Board was entitled to the relief sought in the Complaint alleging cause for the Board to discipline the nursing license of Applicant. Following a disciplinary hearing on September 9, 2011, the Board issued its Findings of Fact, Conclusions of Law, and Disciplinary Order revoking the nursing license of Applicant due to forging two prescriptions for non-controlled substances for herself and, subsequently, pleading guilty to the class A misdemeanor of Theft/Stealing. Applicant states that she is currently receiving treatment for anxiety and depression. Applicant further states that she last used narcotics in 2008 and last used alcohol in 2009.
Probation 04/18/2018 to 04/18/2021

Donica, Jill Rosemaree
West Plains, MO

Registered Nurse 2007035848
On or about February 16, 2017 it was discovered that nine ml morphine sulfate was missing from a patient's bottle of morphine. Licensee's urine sample was confirmed positive for the presence of morphine by the medical review officer on February 23, 2017. Initially, Licensee stated she had not taken the morphine; however, later Licensee admitted to the Board's investigator that she had diverted the 9 ml morphine sulfate for her own personal use. Further, Licensee admitted to the Board's investigator that she had used someone else's urine for the drug screen so as not to test positive.
Probation 05/25/2018 to 05/25/2023

Massey, Novenda Marie
Eldon, MO

Licensed Practical Nurse 2011005801
In October 2015, Respondent took Tramadol at the facility believed to belong to a patient or the facility and put them in her pocket. When questioned by the nurse manager at the nursing home, Respondent admitted to taking the medication. On or about May 3, 2016 the Missouri Department of Health and Senior Services mailed Notice of Finding, Intent to Add Federal Indicator to Respondent. The notice informed the Respondent her name was being placed on the Department's Employee Disqualification List for a period of two (2) years.
Probation 05/03/2018 to 05/03/2020

Vest, Carrie L
Pleasant Hill, MO

Registered Nurse 110855
On December 1, 2009, Respondent pled guilty to the class A misdemeanor of Passing a Bad Check - Less than \$500, in violation of 570.120 RSMo, in the Circuit Court of Cass County, Missouri, in case number 09CA-CR01432. Respondent received a suspended imposition of sentence with twelve (12) months of unsupervised probation. On June 1, 2010, Respondent pled guilty to the class A misdemeanor of Passing a Bad Check - Less than \$500, in violation of 570.120 RSMo, in the Circuit Court of Cass County, Missouri, in case number 10CA-CR00537. Respondent received a suspended imposition of sentence with twelve (12) months of unsupervised probation. Respondent failed to disclose her guilty pleas on her renewal applications and the Missouri Board of Nursing did not learn of her guilty pleas until notified by the Alaska Board of Nursing on August 30, 2016.
Probation 05/03/2018 to 05/03/2019

Lusan, Brittany Marie
Kansas City, MO

Registered Nurse 2013007185
Respondent did not complete the contract process with NTS. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment on a quarterly basis. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of November 3, 2017. Respondent was required to submit an updated chemical dependency evaluation to the Board on a quarterly basis. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's

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Disciplinary Actions**

behalf by the quarterly due date of November 3, 2017. Respondent was required to submit evidence of continued support group attendance to the Board on a quarterly basis. The Board did not receive evidence of support group attendance by the quarterly due date of November 3, 2017.
Probation 05/03/2018 to 05/03/2023

Moore, Ericka Renee
Defiance, MO
Licensed Practical Nurse 2010024993
In accordance with the terms of Order #2, Licensee was required to obtain continuing education hours covering the following categories: Righting a Wrong-Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all continuing education hours submitted to the Board by January 7, 2017. As of the filing of the Complaint on February 8, 2017, the Board had not received proof of any completed continuing education hours. However, Licensee subsequently completed the required continuing education courses. On March 28, 2017, Licensee submitted Course Completion Certificates to the State Board of Nursing for the following courses: Nurse Practice Act - Missouri v7.07R 2.0 hours
Righting a Wrong- Ethics & Professionalism in Nursing v3.1.7 R 3.0 hours
Disciplinary Actions: What Every Nurse should know v4.1 4.80 hours
Professional Accountability & Legal Liability for Nurses v5.0.1. 5.40 hours
Probation 03/21/2018 to 03/21/2020

Reece, Mandy Ellean
Lebanon, MO
Registered Nurse 2018011664
On July 24, 2015, Applicant pled guilty to two counts of the class A misdemeanor of Animal Abuse. Applicant received a suspended imposition of sentence with two years of supervised probation. Applicant's probation was revoked on December 14, 2016, and she was sentenced to six months of house arrest in lieu of confinement in the county jail. On December 14, 2016, Applicant pled guilty to the class A misdemeanor of Domestic Assault - 3rd Degree. Applicant was sentenced to thirty days of house arrest in lieu of confinement in the county jail. On April 12, 2017, Applicant pled guilty to the class A misdemeanor of Passing a Bad Check - less than \$500. Applicant received a suspended execution of sentence with ninety days of confinement and one year of supervised probation.
Probation 04/04/2018 to 04/04/2019

REVOKED

King, Angela Leigh
Rocky Mount, MO
Registered Nurse 2010025942
On February 8, 2016, Respondent submitted a sample for a hair follicle drug screen. The drug screen returned positive for methamphetamine and amphetamine.
Revoked 04/16/2018

Watkins, LaQuita Michelle
Columbia, MO
Licensed Practical Nurse 2015035766
The Board did not receive a continuing chemical dependency treatment update submitted on Respondent's behalf by the documentation due date of April 5, 2016.
The Board did not receive evidence of support group attendance by the documentation due date of April 5, 2016. On March 21, 2016, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.
Revoked 05/10/2018

Heuser, Crystal Lynn
Bolivar, MO
Registered Nurse 2010022779
The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of December 7, 2017. In accordance with the terms

of the Order, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS - Ground Service to attend a meeting with the Board's representative on September 19, 2017. Respondent did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong-Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; Sharpening Critical Thinking Skills for Competent Nursing Practice; Medication Administration Modules 1-4; and Physical Assessment (Adult), and have the certificate of completion for all hours submitted to the Board by December 6, 2017. As of the filing of the Complaint on January 31, 2018, the Board had not received proof of any completed hours.
Revoked 04/16/2018

Hollands, Janet L
Lees Summit, MO
Registered Nurse 2000144391
The Missouri State Board of Nursing received information from the Kansas Board of Nursing via the NURSUS website that the nursing license of Respondent was revoked in a Proposed Default Order dated March 1, 2017.
Revoked 04/16/2018

Hancock, April Renea
Nevada, MO
Licensed Practical Nurse 2006031484
On January 20, 2016, Respondent pled guilty to the class C felony of Possession of a Controlled Substance Except 35 Grams or Less of Marijuana; the class C

Revoked continued on page 12

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Disciplinary Actions**

Revoked continued from page 11

felony of Endangering the Welfare of a Child - 1st Degree; and, the class C felony of Keeping or Maintaining a Public Nuisance. On November 29, 2016, Respondent pled guilty to the class C felony of Keeping or Maintaining a Public Nuisance. On October 13, 2017, Respondent pled guilty to the class C felony of Delivery of Controlled Substance Except 35 Grams or Less of Marijuana, and to the class E felony of Keeping or Maintaining a Public Nuisance.
Revoked 03/15/2018

Nagle, Peggy Sue
Cameron, MO
Registered Nurse 2005028646
Respondent failed to complete the contract process with NTS. Respondent was advised by UPS Ground Service to attend a meeting with the Board's representative on January 16, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting.
Revoked 04/17/2018

Miller, Julie Marie
Saint Joseph, MO
Licensed Practical Nurse 2014028228
Respondent pled guilty to the class D felony of Forgery.
Revoked 04/16/2018

Bryson, Julie A
Baytown, TX
Registered Nurse 148462
On January 3, 2017, Respondent pled guilty to the class C felony of Assault - 2nd Degree.
Revoked 03/15/2018

Fontenot, Teanna Lashae
St. Robert, MO
Licensed Practical Nurse 2014029133
Respondent failed to check in with NTS on seventy-seven (77) days. Respondent ceased checking in with NTS on July 19, 2017. Further, on July 18, 2017, Respondent

checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on July 20, 2017; July 25, 2017; August 21, 2017; August 29, 2017; September 13, 2017; and, September 21, 2017, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on July 20, 2017; July 25, 2017; August 21, 2017; August 29, 2017; September 13, 2017; and, September 21, 2017. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of July 10, 2017. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of July 10, 2017. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf. The Board did not receive evidence of continued support group attendance by the quarterly due date of July 10, 2017. The Board did not receive an application, the required fees, or a criminal background needed to renew Respondent's license by the due date of July 26, 2017.
Revoked 03/28/2018

Pearson, Dale Allen
Bloomfield, MO
Licensed Practical Nurse 2008023282
Respondent failed to check in with NTS on sixty-seven (67) days. Respondent ceased checking in with NTS on November 24, 2017. Further, on November 20, 2017, Respondent checked in with NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on December 6, 2017; December 18, 2017; and, January 9, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Respondent reported to lab and submitted the required sample which showed a low creatinine reading. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of November 2, 2017.
Revoked 03/16/2018

Riels, Kelly L
Columbia, MO
Registered Nurse 2014019205
Respondent failed to check in with NTS on six (6) days. Further, on April 26, 2017; May 26, 2017; June 19, 2017; June 27, 2017; July 10, 2017; August 15, 2017; October 5, 2017; October 12, 2017; December 7, 2017; and, January 4, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on November 21, 2017, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing.
Revoked 03/13/2018

Sutherland, Justin Wayne
Mountain Grove, MO
Licensed Practical Nurse 2010037100
On March 2, 2015, Respondent took a prescription written by Dr. D.D. for patient T.E. for 120 Hydrocodone 10-325 (quantity 120) to be filled at a Pharmacy. On March 3, 2015, patient T.E. arrived at the Clinic to pick up her prescription. The written prescription for patient T.E. was found to be missing, and a replacement



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Disciplinary Actions**

prescription was printed out by Dr. D.D. for her use in filling the prescription. On March 3, 2015, patient T.E. took her written prescription to her regular pharmacy to have it filled. The pharmacist refused to fill the prescription, stating that the prescription had already been filled on the previous day at another Pharmacy. The Clinic contacted the Pharmacy who indicated the prescription for T.E. written by Dr. D.D. had been filled and subsequently picked up by Respondent on March 2, 2015. Respondent did not deliver the prescription to patient T.E., rather he kept the drugs for his own personal use. On March 2, 2015, Respondent stole patient T.E.'s prescription for 120 Hydrocodone 10-325 (quantity 120).
Revoked 03/16/2018

Myers, Natasha Rae
Hannibal, MO
Licensed Practical Nurse 2004025472
Respondent did not complete the contract process with NTS.
Revoked 03/16/2018

Tapella, Betty J
Florissant, MO
Licensed Practical Nurse 022750
On or about March 31, 2015, a new patient, patient H.B., was admitted to the nursing home from a hospital. Patient H.B. was only at the nursing home for three (3) hours. Upon patient H.B.'s admission to the nursing home, patient H.B. was taken to his room where he fell and sustained a raised area to his forehead and lacerations on his arm; Respondent was notified of his fall by a coworker. Respondent entered patient H.B.'s room, and told the coworker that she did not have time to complete an incident report. Respondent and the coworker each left the room after setting patient H.B. up in his bed; shortly thereafter, the coworker reentered the room and discovered that patient H.B. had fallen again. Coworker informed Respondent of the patient falling again. Respondent told the coworker that again she did not have time to complete an incident report and that instead, they were going to report that patient H.B. was admitted with the raised area to his forehead and lacerations on his arm. The coworker reported to nursing home officials that Respondent was not completing incident reports and was lying about patient H.B. injuries upon his admission to the nursing home. Respondent contacted the coworker in an attempt to convince the coworker to report to nursing home officials that patient H.B. was admitted with a raised area to his forehead and the lacerations on his arms. When questioned by nursing home officials, Respondent stated that she did not know patient H.B. had fallen. Ultimately, Respondent admitted to nursing home officials that patient H.B. was not admitted to the nursing home with the raised area to his forehead and the lacerations on his arms. Respondent failed to cooperate with the Board's investigation. Because of Respondent's actions at the nursing home, Respondent's name was added to the State of Missouri Department of Health and Senior Services' employee disqualification list for a period of one (1) year.
Revoked 04/16/2018

Clark, Dennis Erin
Edgerton, KS
Registered Nurse 2009001167
On November 20, 2017, Respondent was found guilty of the felony offense of Aggravated Criminal Sodomy.
Revoked 03/15/2018

Carter, Aimee N
Richmond, MO
Registered Nurse 143597
During July 2013, the hospital performed a monthly narcotic audit. The pharmacy noted in the July audit that Respondent had ten (10) instances of pulling Fentanyl doses for patients not assigned to her from July 9 to July 20, 2013. None of the nurses assigned to these patients had asked for Respondent's help. Specifically, one (1) patient had four (4) Fentanyl transactions pulled over a 12-hour shift, all pulled by Respondent. When questioned by hospital administrators, the nurse assigned to that patient reported that he had not asked Respondent to pull the medication. There was no documentation completed of the Fentanyl being scanned, the patient being scanned, or the Fentanyl being charted as administered, returned, or wasted. Respondent, when initially confronted by hospital administrators, had no explanation for the missing Fentanyl. Ultimately, the audit revealed that the total amount of missing Fentanyl that was pulled by Respondent to be 28 50mcg/ml 2 ml ampule vials. Respondent failed to record whether this medication had been administered, wasted, or returned. Additionally, all of the 28 50 mcg/ml 2ml ampule vials of Fentanyl pulled by Respondent were for patients that had not been assigned to her. Respondent, when confronted again on August 30, 2013, had no explanation for the missing Fentanyl and stated she had blackouts, which she described as large blocks of time in which she could not remember anything, while she was working at the hospital.

Revoked continued on page 14





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Disciplinary Actions**

Revoked continued from page 13

On December 3, 2014, Respondent was visiting hospice patients at a nursing home in Clinton, Missouri. Nursing home staff reported that Respondent had been found sitting in a patient's room, wrapped in a blanket with the window open. The patient was in the active process of dying at that time. Nursing home staff reported to the hospice company that a patient's CADD pump containing Dilaudid appeared compromised. Nursing home staff reported finding used medical waste that was not connected to patient use. Hospice administrators attempted to contact Respondent regarding the allegations, but were unsuccessful in reaching her before the end of her shift. After her shift ended, Respondent was discovered by another nurse unresponsive in her vehicle on an exit ramp and was transported to the hospital. Respondent called back approximately thirty (30) minutes later and admitted to administrators that she had been diverting Dilaudid from a patient's CADD pump and had injected herself with the Dilaudid.

On June 17, 2016, hospital staff reported suspicious behavior exhibited by Respondent. Hospital administrators ran a narcotic audit report for Respondent for the months of May and June 2016. The audit report showed multiple instances of Respondent removing narcotics from the Pyxis without documenting administration or waste of the narcotics within the required one-hour timeframe or at all. These narcotics included Fentanyl, Hydrocodone, Hydromorphone, Tramadol, Diazepam, and morphine. The report further showed multiple medications being

documented manually in the eMAR by Respondent instead of Respondent scanning the medications. Respondent was found to scan far fewer medications than her peers. Respondent was questioned by the hospital diversion team on June 20, 2016. The hospital diversion team found that on June 20, 2016, Respondent withdrew six (6) doses of medication during the shift prior to the meeting with the diversion team. Two (2) of the withdrawals were documented correctly and four (4) of the withdrawals were documented as partially administered, but the rest was not documented appropriately as wasted. When questioned regarding the remaining doses, Respondent stated the doses were either in the patients' medication drawers or on a shelf in the patients' rooms. A hospital administrator searched in these areas, but could not locate the medications. When the hospital diversion team questioned Respondent about the discrepancies, Respondent admitted to diverting narcotics for her personal use.

Revoked 04/16/2018

Stewart, Melissa Kathleen
Osceola, MO

Licensed Practical Nurse 2011000748

Respondent failed to check in with NTS on seventy-one (71) days. Respondent ceased checking in with NTS on November 25, 2017. Further, on November 7, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on November 27, 2017; December 5, 2017; December 27, 2017; January 4, 2018; and, January 29, 2018, Respondent failed to check in with NTS; however, all were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 27, 2017; December 5, 2017; December 27, 2017; January 4, 2018; and, January 29, 2018. On October 20, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On October 20, 2017, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Tramadol. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of December 5, 2017. The Board did

not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of October 31, 2017.

Revoked 04/16/2018

Davis, Jamie Lea

Cole Camp, MO

Registered Nurse 2009008888

Respondent never completed the contract process with NTS. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of January 23, 2018. Respondent was advised by certified mail to attend a meeting with the Board's representative on December 19, 2017. Respondent did not attend the meeting.

Revoked 03/15/2018

Johnson, Rhonda Diane

Springfield, MO

Licensed Practical Nurse 2003030072

Respondent pled guilty to the class C felony of Receiving Stolen Property.

Revoked 04/16/2018

VOLUNTARY SURRENDER

Barnett, Kristina Maria

Lebanon, MO

Licensed Practical Nurse 2010005295

Licensee voluntarily surrendered her Missouri nursing license effective May 10, 2018.

Voluntary Surrender 05/10/2018

Grogan, Jona Suzanne

Pittsfield, IL

Licensed Practical Nurse 2009029661

Licensee voluntarily surrendered her Missouri nursing license effective May 21, 2018.

Voluntary Surrender 05/21/2018

Pahoulis, Ellen Marie

Saint Louis, MO

Registered Nurse 2012034481

On or about September 20, 2017, co-workers reported finding Licensee in a locked closet in her classroom on multiple occasions. On September 21, 2017, the Assistant Director of Nursing again found Licensee in the locked closet. A subsequent search of the closet revealed a bag containing multiple used syringes with fresh and dried blood on them. The syringes also contained a light blue substance that resembled Roxanol. When questioned about the syringes, Licensee admitted that she diverted Roxanol from hospice residents and recently deceased residents.

Voluntary Surrender 05/21/2018

Greaser, Rita L

Springfield, MO

Registered Nurse 080847

On or about January 26, 2017, a co-worker of Licensee signed out a company vehicle and discovered an open can of beer in the company vehicle. Hospice records indicated that Licensee was the last person to use the company vehicle the night before. Licensee was contacted at a patient's home by telephone. During the call to Licensee, Licensee's supervisor noted that Licensee sounded impaired because she was speaking slowly and slurring her words. The hospice sent a field supervisor and another nurse to the patient's home to replace Licensee. The hospice employees noticed that Licensee had slurred speech, was moving slowly, and was having difficulty setting up the patient's medications. Licensee was asked to leave the patient's home and submit to a for-cause drug screening. Licensee refused the drug screening. Licensee admitted to hospice supervisors that she had consumed alcohol while working before and had consumed alcohol before working the morning of on or about January 26, 2017. Licensee later admitted to the Board investigator that she had consumed alcohol on or about January 25, 2017, prior to driving the company vehicle, and had consumed alcohol the morning of on or about January 26, 2017, prior to going to work as a nurse.

Voluntary Surrender 03/27/2018



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Disciplinary Actions**

Ultican, Angela M
Blue Springs, MO
Licensed Practical Nurse 037613
An audit by the nursing home pharmacy revealed that Licensee was administering a resident's medication at 6:30, 10:30, and 13:30, when the medication was ordered to be administered at 8:00, 12:00, and 16:00. Thus, because of the way Licensee was administering the medication, another nurse administered the 16:00 p.m. dose; ultimately, the resident was receiving four (4) doses a day instead of the prescribed three (3) doses. A count was performed on Licensee's medication cart; the count revealed missing narcotics. Nursing home staff searched the medication room and medication carts, but were unable to locate the missing narcotics. The nursing home's investigation discovered that approximately one hundred and twenty (120) narcotics were not documented as administered or wasted by Licensee during the relevant time period.
Voluntary Surrender 03/29/2018

Pipes, Ellen Beth
Eldon, MO
Licensed Practical Nurse 2003010979
Licensee voluntarily surrendered her Missouri nursing license effective April 3, 2018.
Voluntary Surrender 04/03/2018

Liveley, Geneva Lynn
Dora, MO
Licensed Practical Nurse 2014002986
On August 23, 2017, the Arkansas State Board of Nursing issued a Cease and Desist Order revoking Respondent's privilege to practice nursing in the state of Arkansas. On November 30, 2017, Respondent was found guilty of the class D felony of Possession of a Controlled Substance, Hydrocodone, in violation of 5-64-419 (b)(2)(A); the class A misdemeanor of Use or Possession with the intent to Use Drug Paraphernalia, in violation of 5-64-443; the class A misdemeanor of Fleeing, in violation of 5-54-125; and the unclassified misdemeanor of DWI 1st Offense, in violation of 5-65-103 in the Circuit Court of Baxter County, Arkansas.
Voluntary Surrender 04/26/2018

Neise, Elisabeth Anne
Florissant, MO
Registered Nurse 2003015787
Licensee admitted to diverting Dilaudid for personal use for approximately two (2) months.
Voluntary Surrender 05/02/2018

Fallon, Megan E
Jamestown, TN
Registered Nurse 2012034548
Licensee voluntarily surrendered her Missouri nursing license effective May 3, 2018.
Voluntary Surrender 05/03/2018

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME

☐ ADDRESS

☐ PHONE

☐ ALTERNATE PHONE

☐ EMail

☐ RN

☐ APRN

☐ LPN

Missouri License Number

Last 4 Digits of Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

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First Name (Printed)

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STATE

ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY

STATE

ZIP

☐ I declare

as my primary state of residence effective

(primary state of residence)

(effective date)

☐ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm
In accordance with the Nurse Licensure Compact “Primary State of Residence” is defined as the state of a person’s declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver’s license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→

Signature (This form must be signed)

Date

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to nursing@pr.mo.gov

Center for Behavioral Medicine

Center for Behavioral Medicine (CBM) formerly Western Missouri Mental Health Center is an agency for the Department of Mental Health. The facility is located on Hospital Hill in the heart of Kansas City and provides comprehensive psychiatric care to patients from Kansas City and the seven surrounding counties. CBM currently operates 65 adult acute beds and 25 adult residential beds.

NOW RECRUITING for REGISTERED NURSES

Current MO licensure required. Psychiatric/Mental health experience a plus but not required.

You may fax or email your résumé to (816) 512-7415 or email cbm.hr@dmh.mo.gov. Applications are accepted in Human Resources at:

Center for Behavioral Medicine
1000 East 24th Street | Kansas City, MO 64108
A Drug-Free/Smoke-Free Workplace | EOE

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
Harry S. Truman Memorial Veterans' Hospital

Harry S. Truman Memorial Veterans' Hospital in Columbia, Missouri is seeking:

RN's CRNA's
LPN's CNA's

For more information, contact Human Resources at 573-814-6400 vacareers.va.gov

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REGISTERED NURSES

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Hawthorn Children's Psychiatric Hospital, a fully accredited, Missouri Department of Mental Health operated psychiatric facility is seeking the right candidates for Registered Nurses full-time – all shifts.

Qualified candidates must be a Licensed RN in the state of Missouri.

Full-time employees receive competitive pay, excellent benefits, including 3 weeks paid vacation and 3 weeks sick leave the first year, a pension plan, deferred compensation program, cafeteria plan, health, vision, life and dental plan options, as well as 12 paid holidays per year and opportunities for professional growth.

Interested candidates may apply in person, via e-mail, fax, or US mail to:
Sherry Gilbert, Personnel Analyst
Hawthorn Children's Psychiatric Hospital
1901 Pennsylvania Avenue, St. Louis, MO 63133
Email: sherry.gilbert@dmh.mo.gov
Fax: (314) 512-7621

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